A Fairer Hobsons Bay for All, 2019-2023

Women’s Health West

July 2019

Question 1. What do you like about the draft policy?

Women’s Health West (WHW) has actively contributed to the health, safety and wellbeing of women in the western region of Melbourne, including Hobsons Bay, since 1988. We do this through a combination of direct service delivery, research, health promotion, community development, capacity building, group work and advocacy. Our health promotion work focuses on preventing men’s violence against women, sexual and reproductive health and mental health and wellbeing. We are leaders in the development of regional strategies to further our work, seeing partnership within and outside the health sector as crucial for bringing about effective and sustainable outcomes for women and children.

WHW congratulate Hobsons Bay City Council on a strong and comprehensive integrated social policy. We commend the Council for its inspiring vision of a “A Hobsons Bay that enables equitable opportunities for the community to access resources, be valued, contribute and belong” and its underpinning principles of social justice, equity, access, participation and human rights.

We agree that one integrated social policy, rather than many, can help to ensure a strong and coordinated approach to redressing the multiple and intersecting drivers of inequity. We particularly commend Council for recognising the intersecting layers of inequity and discrimination that communities face. We are pleased to see women and girls identified as a priority population and that gender is recognised as an intersecting and compounding form of disadvantage and discrimination in other priority populations. This intersectional approach to designing strategies and actions is likely to contribute to more significant and sustainable health and social justice outcomes, ensuring Hobsons Bay is a strong, resilient and vibrant municipality.

WHW commend Council for representing the experiences, insights and recommendations of people from the identified priority populations. We recommend Council commit to ongoing consultation and co-design processes with communities throughout the implementation of this policy’s strategies and actions.

There are several areas of the plan that WHW specifically support. These include:

- the acknowledgment of the prevalence and seriousness of men’s violence against women
- the recognition of the knowledge, strengths and expertise of Aboriginal and Torres Strait Islander communities
- a commitment to better understanding the extent of homelessness in Hobsons Bay.

Below we recommend ways to strengthen and build upon these areas.
Question 2. Are there any aspects of the policy that could be improved? Please explain.

This is an ambitious social policy with admirable intentions. However, complex social change requires collective efforts and Council cannot expect to achieve intended outcomes alone. We recommend Council highlight the importance of its work with partners and community. It would be helpful to include a statement about the nature and impact of the partnerships that Council leads and participates in, and then refer to specific partnerships in relevant strategies and actions. For example, Council should state its commitment to the two regional partnerships that WHW lead – Preventing Violence Together, Western Region Strategy to Prevent Violence Together (PVT) and Action for Equity, A Sexual and Reproductive Health Strategy for Melbourne’s West.

While the consolidation of the previous five strategies and plans into one policy has benefits, we are concerned that it may dilute the strength and efficacy of some complex strategies. For example, the policy describes several intersecting forms of disadvantage that people with disabilities face, however it cannot capture the full complexity of inequity for people with disabilities and their carers, nor include detailed action plans for redressing this inequity. In this way the needs of some key populations may be overlooked. To redress this, we recommend adding more detail to descriptions of the priority populations and strengthening some key strategies and actions. Our specific recommendations are detailed below.

**Women and girls**
WHW is alarmed at the policy’s lack of strategies and actions to prevent men’s violence against women and to improve women’s sexual and reproductive health. We recommend the Council emphasise these two critical contributors to women’s health and wellbeing and strengthen its commitment to preventing violence and fulfilling sexual and reproductive rights. We recommend Council:

1) become a full implementing partner of Action for Equity and support the partnership’s implementation and resourcing of evidence-based strategies and actions to redress sexual and reproductive health inequalities in Hobsons Bay and the wider western region.
2) include preventing men’s violence against women as a strategy and list its commitment to implementing and resourcing actions from PVT as an accompanying action.
3) have a separate strategy for responding to family violence, with accompanying actions based on recommendations from the Royal Commission into Family Violence (Victoria).

**People living with a disability**
We recommend Council acknowledge that women with disabilities are twice as likely to experience violence (Women with Disabilities Victoria, 2016) and ensure that women with disabilities are included as a priority population in all actions designed to prevent and respond to men’s violence against women.

In the western suburbs women experience below average community connectedness and above average rates of depression and anxiety (Victorian Women’s Health Atlas, 2011). Women with disabilities are at risk of profound social isolation. The roll out of the National Disability Insurance Scheme is deepening the already significant lack of community-based health promotion programs for women with disabilities, and threatening the ability of organisations such as Women’s Health West to provide these programs. We urge Council to invest in and support community strengthening programs, such as WHW’s Sunrise program, that reduce isolation, increase connectedness and resilience, and promote community participation, especially for women with disabilities.
Children (0-11)
We recommend Council acknowledge that children’s health and wellbeing is intrinsically tied to women’s health and wellbeing, especially in the early years. Gender inequity means that women continue to be the primary carers of children at home, in child care and education and in health settings. Greater investment in initiatives that promote women’s health – particularly preventing men’s violence against women, improving women’s sexual and reproductive health and promoting women’s mental health - will improve outcomes for children.

We specifically recommend Council invest more in maternal and child health services to promote women’s health during the vulnerable peri-natal period, and to improve early intervention and response to family violence. We also recommend that Council advocate to state and federal government to promote policies that ensure that women-dominated sectors such as child care, education and health are equitably funded and workers fairly remunerated to ensure that children receive the best care possible. Council should include this in its planned Advocacy Priority Areas strategy.

Finally, we recommend that Council explicitly commit to actions in PVT that redress the gendered drivers of women bearing the burden of child care. Greater male involvement in child care - in the home and in formal care settings – redresses rigid gender roles and this improves outcomes for children.

Young people
WHW recommends Council describe the particular health risks young women face. Adolescent women are at greater risk of poor mental health than young men. They are twice as likely as young men to have a serious mental illness (Mission Australia, 2017). Being an adolescent woman is the single greatest risk factor for the onset of an eating disorder – the third most common chronic illness in young women (Yeo & Hughes, 2011) and the highest mortality rate of all mental illnesses (Suokas et al., 2013).

We recommend Council take a gendered and preventative approach to designing and delivering services for young people, and ensure that Council youth services develop and maintain strong partnerships with non-government organisations who work with young people, including but not limited to Headspace. We also recommend that Council invest in meaningful, significant grants to community-based health agencies to help prevent and respond to mental illness amongst young people, especially young women.

Older people (55 years and over)
We recommend Council describe the particular disadvantage and discrimination that older women face. Women over 50 are the fastest growing group of people experiencing homelessness (Australian Human Rights Commission, 2019), low income or income insecurity and social isolation (Feldman & Radermacher, 2019). Older women are at high risk of violence while homeless and are particularly vulnerable to the adverse health effects of extreme weather events (Nagel, 2015).

We urge Council to strengthen its actions to redress growing rates of homelessness in Hobsons Bay (Australian Bureau of Statistics, 2016). We agree that it is necessary for Council to better understand the nature and extent of homelessness in Hobsons Bay. However, Council must commit to actions that redress the drivers of homeless, including family violence, lack of affordable housing and poverty, and respond to the needs of those currently experiencing homelessness. We understand that Council is yet to release a Housing Strategy, as mandated by the Victorian Government. We recommend that A Fairer Hobsons Bay reference the Housing Strategy, once released, and that the documents contain mutually reinforcing actions and resources. Council should also strengthen its partnerships with local housing
organisations, such as Wombat Housing, to ensure coordinated approaches to supporting people current experiencing, or at risk of experiencing, homelessness.

**People with refugee and migrant backgrounds**

Women with refugee and migrant backgrounds face structural barriers to health, wellbeing and economic and social participation (Fozdar & Hartley, 2013). These include racism, a lack of recognition of skills and qualifications, lack of access to skilled employment, services that lack cultural appropriateness or competency and social exclusion (Williams, Timmins, Warr, Hosseini & Camilleri, 2019).

We recommend Council work in partnership with others to help redress some of these complex structural inequities. Council should invest in racism reduction programs, for example through its community grants program, as well as in programs that are designed and led by women with refugee and migrant backgrounds. We recommend that Council ensure its own services and programs are culturally appropriate and accessible for people with low levels of English literacy. Council should also develop a recruitment and retention policy that is designed to ensure the workforce reflects the cultural diversity of the community is serves. We recommend this policy include gender quotas at all levels of seniority and across occupations.

**Aboriginal and Torres Strait Islander people**

WHW recommends the Council significantly strengthen its acknowledgement and recognition of the traditional owners of the land and of the strengths, expertise and resilience of Aboriginal and Torres Strait Islander communities living in the municipality. We recommend Council include a detailed description of the area’s Indigenous history, acknowledge the ongoing effects of colonisation, dispossession and dislocation and recognise Aboriginal people’s survival and continuing culture.

We recommend Council design strategies and actions to ensure Aboriginal representation in civic processes and decision making, including strengthening and evaluating a Reconciliation Action Plan and consulting with Aboriginal people about the appropriateness of setting up an Aboriginal advisory group, or another similar mechanism that allows Aboriginal people to inform, participate or lead Council decision-making processes.

We recommend Council remove the phase “including fauna and flora” from Strategy 4.1.2 and its accompanying actions. This phrase is not commonly used in other settings and it carries deeply problematic connotations as past Australian governments often used the words “Aboriginal” in conjunction with “flora and fauna”, leading to the pervasive idea that Aboriginal people were classified according to the flora and fauna act (Australian Broadcasting Corporation, 2018).

We recommend Council support the development and implementation of Victoria’s historic treaty with Aboriginal Victorians by considering ways to support Aboriginal and Torres Strait Islander people to participate in this process. In this way Council can play a critical role in supporting and promoting the rights, health and self-determination of First Nations people.

**Monitoring and evaluation**

WHW recommend Council develop an evaluation framework to accompany the policy. We recommend Council co-design the evaluation framework with key stakeholders, including partner organisations and communities. The framework should stipulate that monitoring and evaluation activities be conducted throughout the life of the policy, rather than only in the final year of its implementation, as currently planned. A good evaluation framework will allow for and encourage reflective practice, accountability
and transparency, and ongoing evidence-based decision making. It should lay out Council’s overarching goals and objectives, key measures and indicators, and a clear plan to share findings with communities at key milestones.
References


Victorian Women’s Health Atlas, 2011, Community Indicators Victoria, Feeling Part of the Community Indicator, viewed 1 July 2019.


https://victorianwomenshealthatlas.net.au

